INVOICE

Invoice #: [00000]
Date Issued: [Date]

PAST DUE

[Corporate Housing Provider Name]
[Street Address]
[City, State, Zip]

BILL TO

[Client/Corporation Name]
[Contact Name]
[Billing Address]
[City, State, Zip]

PROPERTY DETAILS

[Resident Name]
Unit: [Unit Number/Address]
Stay Dates: [Start] to [End]
Due Date: [Original Due Date]

Description	Period	Amount
Monthly Corporate Rental Fee	[Date Range]	$0.00
Utility Overage / Add-on Services	[Date Range]	$0.00
Late Payment Penalty	-	$0.00

Description	Period	Amount
Interest Charges ([%] APR)	-	$0.00

Subtotal: $0.00
Tax: $0.00
Total Balance Due: $0.00

PAYMENT INSTRUCTIONS

Please remit payment immediately to avoid further penalties or interruption of housing services. Checks should be made payable to **[Provider Name]**. For Wire/ACH instructions, please contact [Department/Email].